PAGE 1 / 11

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

1 OKW 3X	For Other Than An Aut	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Freedom Fund			
ADDRESS (number and street)	1201 Pennsylvania Avenue		
▼ Obsert 16 different	Suite 800		
Check if different than previously reported. (ACC)	Washington		DC 20004
2. FEC IDENTIFICATION N	IUMBER ▼ CI	TY 🛦	STATE ▲ ZIP CODE ▲
C C00390674		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M r 20 (M3) Jun 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Report (20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report ((c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (on on	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)		on on	in the State of
5. Covering Period 0	05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 05	M / D D / Y Y Y Y Y 31 31 2020
I certify that I have examined t		f my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasur	Kolbet, Lance, , , er		
Signature of Treasurer	bet, Lance, , ,	[Electronically Filed]	Date 06 18 2020
NOTE: Submission of false, error	neous, or incomplete informatio	on may subject the person signing	g this Report to the penalties of 52 U.S.C. § 3010
Office Use			FEC FORM 3X Rev. 05/2016
Only			11.64. 03/2010

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Freedom Fund 05 01 2020 05 31 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 795294.89 January 1, 2020 (b) Cash on Hand at 727102.21 Beginning of Reporting Period..... 18030.98 70706.5 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 866001.39 745133.19 6(a) and 6(c) for Column B)..... 30040.5 150908.7 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 715092.69 715092.69 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.0 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.0 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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		111	1111		11111

Report Covering the Period: From:	01 / 2020 To	o: 05 31 2020		
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees	0.0	2000.0		
(i) Itemized (use Schedule A)	0.0	2000.0		
(ii) Unitemized	0.0	0.0		
(iii) TOTAL (add	4	4 4 4		
Lines 11(a)(i) and (ii)▶	0.0	2000.0		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(b) Political Party Committees	0.0	0.0		
(c) Other Political Committees	49000 0	075000		
(such as PACs)	18000.0	67500.0		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry	18000.0	69500.0		
Totals to Line 33, page 5) Transfers From Affiliated/Other	10000.0	4 4		
Party Committees	0.0	0.0		
Tarty Committees				
B. All Loans Received	0.0	0.0		
	7 7 7	45 45 45		
Loan Repayments Received	0.0	0.0		
Offsets To Operating Expenditures	45 45	4 4		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.0	0.0		
6. Refunds of Contributions Made				
to Federal Candidates and Other				
Political Committees	0.0	0.0		
7. Other Federal Receipts		4000 5		
(Dividends, Interest, etc.)	30.98	1206.5		
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(4 4	4 4		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(b) Levin i ande (nom conodale rie)	45 45 45	4 4		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18030.98	70706.5		
). Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	18030.98	70706.5		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	I. Disbursements COLUMN A Total This Period			
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Year-to-Date		
Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	40.5	67641.26		
(c) Total Operating Expenditures	70.0	07041.20		
(add 21(a)(i), (a)(ii), and (b))▶	40.5	83408.7		
Transfers to Affiliated/Other Party Committees	0.0	0.0		
Contributions to Federal Candidates/Committees and Other Political Committees	25000.0	62500.0		
Independent Expenditures	4 4			
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.0	0.0		
(use Schedule F)	0.0	0.0		
Loan Repayments Made	0.0	0.0		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.0	0.0		
(b) Political Party Committees	0.0	0.0		
(c) Other Political Committees (such as PACs)	5000.0	5000.0		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	5000.0	5000.0		
Other Disbursements (Including				
Non-Federal Donations)	0.0	0.0		
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)	20))			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30040.5	150908.7		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	30040.5	150000 7		
	00040.0	150908.7		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	18000.0	69500.0
4. Total Contribution Refunds (from Line 28(d))	5000.0	5000.0
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13000.0	64500.0
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	40.5	67641.26
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.0	0.0
8. Net Operating Expenditures (subtract Line 37 from Line 36)	40.5	67641.26

ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: **PAGE** 6 OF 11 Use separate schedule(s) (check only one) for each category of the **X** 11c 11a 11b 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Freedom Fund Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bristol-Myers Squibb Company Employee PAC Date of Receipt Mailing Address 345 Park Avenue 11th Floor 2020 City Zip Code State Transaction ID: 1592055954088 NY New York 10154 Amount of Each Receipt this Period FEC ID number of contributing 1000.0 C00035675 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Check Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.0 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CVS Health PAC Date of Receipt Mailing Address 1275 Pennsylvania Avenue Suite 700 05 2020 City Zip Code State Transaction ID: 1592056080095 DC 20004 Washington Amount of Each Receipt this Period FEC ID number of contributing 5000.0 C00384818 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Check Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.0 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Experian PAC Date of Receipt Mailing Address 475 Anton Blvd. 2020 City Zip Code State Transaction ID: 1592055775185 CA Costa Mesa 92626 Amount of Each Receipt this Period FEC ID number of contributing 5000.0 C00379768 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Check Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.0 Other (specify) 11000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

S 17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 11 (check only one)
	ny information copied from such Reports and Sta			
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Freedom Fund	name and a	address of any political committe	e to solicit contributions from such committee.
A .	Full Name of Individual (Last, First, Middle Initi-Molina Healthcare, Inc. PAC	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 200 OCEANGATE SUITE 100	Ta	I=: 0 .	05 31 2020
	City Long Beach	State CA	Zip Code 90802	Transaction ID: 1592056026448 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C0	0430256	5000.0
	Name of Employer (for Individual)	Occ	supation (for Individual)	Memo Item Check
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.0	
В.	Full Name of Individual (Last, First, Middle Initi National Shooting Sports Foundation		Organization Name	Date of Receipt
	Mailing Address 400 N. Capitol St., NW Suite 475		I	05
	City Washington	State DC	Zip Code 20004	Transaction ID : 1592057140899 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C cod	0480863	2000.0
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item Check
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.0]
-	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	Date of Receipt
Ο.	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)		С		
		Occ	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼]
S	SUBTOTAL of Receipts This Page (optional))	7000.00

TOTAL This Period (last page this line number only).....

18000.00

S 17

SCHEDULE A (FEC Form 3X)								FOR LINE NUMBER: PAGE 8 OF 11						
	EMIZED RECEIPTS	Use separate schedule(s) for each category of the					(check only one)							
••	LIMIZED REGENTIO			Petailed Summary Page			11a		11b	\vdash	11c	12		
	ny information copied from such Reports and St for commercial purposes, other than using the								of sol					
6	NAME OF COMMITTEE (In Full)	name and a	auure	ss of any political committee	ιο	50	mon co	וווווו	Julions	11011	Sucii	COMMIN	nee.	
	Freedom Fund													
Α.	Full Name of Individual (Last, First, Middle Initi Chain Bridge Bank	al) or Full C	Organ	ization Name			Date o	of Re	eceipt					
	Mailing Address 1445-A Laughlin Avenue						05	Л /	3		/ Y		Y	
	City	State		Zip Code	_		_	sact	ion ID		20574	2020 93331		
	McLean	VA		22101								s Period	t	
	FEC ID number of contributing federal political committee.	С	Ξ					Ξ	7	I	7	30	.98	
	Name of Employer (for Individual)	Occ	cupati	on (for Individual)		Ir	nterest		o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 1206.5			1101 001							
— В.	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Organ	ization Name			Date o	of Re	eceipt					
	Mailing Address						M = M / D = D / Y = Y = Y							
	City	State		Zip Code			Amour	nt of	Each	Rece	eipt this	s Period	d t	
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual)	Occ	on (for Individual)	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼										
С.	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Organ	ization Name			Date of	of D	occipt					
C.	Mailing Address						M = N	/		D	/ Y	Y	Y	
	City	State		Zip Code			Amour	nt of	Each	Rece	eipt this	s Period	1	
	FEC ID number of contributing federal political committee.	С					Ċ.							
	Name of Employer (for Individual)	Occupation (for Individual)				Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼										
Ş	SUBTOTAL of Receipts This Page (optional)			>			C.		,		,	30	.98	

TOTAL This Period (last page this line number only).....

30.98

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SCHEDULE B (FEC Form 3X)			FOR LINE	FOR LINE NUMBER: PAGE 9 OF 11						
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	(onlook only onlo)							
		Summary Page	X 21b		23 28c	26	27 30b			
Any information copied from such Reports and Stat	 ements mav	not be sold or use								
or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
Freedom Fund										
Full Name (Last, First, Middle Initial)										
A. PCI Payments					Disburse					
Mailing Address 902 Chinquapin Road				05	0		2020			
	1			1						
City McLean	State VA	Zip Code 22102		FEC Ide	ntification	n Number				
Purpose of Disbursement	*/\	22102		C						
PAC merchant fees			001		nsaction	ID : 15924	1918067			
Candidate Name			Category/				nent this Period			
Office Sought: House Disburs	ement For:		Type				40.5			
Senate Sought.	Primary	General			7	7	40.			
President	Other (sp	ecify) ▼		Mer	no Item					
State: District:				П						
Full Name (Last, First, Middle Initial) B.				Date of	Disburse	ment				
			M = M	/ D		YYY				
Mailing Address					L.	_				
City		FEC Identification Number								
	State	Zip Code			ntification	n Number				
Purpose of Disbursement					Amount of Each Disbursement this Period					
Candidate Name										
	ement For:				7					
Senate President	Other (sp	General ecify)								
State: District:	Janor (sp	oony,		Mer	no Item					
Full Name (Last, First, Middle Initial)										
C.					Disburse					
Mailing Address				M = M	/ D	D / Y	YYYY			
City	State	Zip Code		FEC Identification Number						
Purpose of Disbursement	1			C						
Overdidate Name										
Candidate Name			Category/ Type	Amount	of Each	Disbursen	nent this Period			
Office Sought: House Disburs	ement For:		туре	1 [
Senate	Primary	General			7	-	4			
President	Other (sp	ecify) \blacktriangledown		Mer	no Item					
State: District:										
SUBTOTAL of Disbursements This Page (optional)							40.50			
					7	7	40.50			
TOTAL This Period (last page this line number only	v)						40.50			

SCHEDULE B (FEC Form 3X)	Use separa	ate schedule(s)	FOR LINE I	E NUMBER: PAGE 10 OF 11				
ITEMIZED DISBURSEMENTS	for each ca	ategory of the ummary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full) Freedom Fund		or any pomical						
Full Name (Last, First, Middle Initial) A. Donald J. Trump for President, Inc.				Date of Disbursement				
Mailing Address 725 5th Avenue				05 12 2020				
New York	State 2	Zip Code 10022		FEC Identification Number				
Purpose of Disbursement PAC Political Contribution Candidate Name		[011	C C00580100 Transaction ID: 15892907456				
Trump, Donald, , ,	ment For: 202	20	Category/ Type	Amount of Each Disbursement this Period 5000.0				
Senate President	Primary Other (specify	General		Memo Item				
State: NY District: 00 Full Name (Last, First, Middle Initial) B. Donald J. Trump for President, Inc.				Date of Disbursement				
Mailing Address 725 5th Avenue City	State Zip Code			05 12 2020				
•	NY /	10022	011	FEC Identification Number C C00580100				
Candidate Name Trump, Donald, , ,	Category/ Type nent For: 2020 Primary			Transaction ID: 158929080137 Amount of Each Disbursement this Period				
Senate				5000.0 Memo Item				
State: NY District: 00 Full Name (Last, First, Middle Initial)				Wellio Relli				
C. National Republican Senatorial Con	mmittee			Date of Disbursement				
Mailing Address 425 2nd Street SE				05 22 2020				
City Washington Purpose of Disbursement PAC Political Contribution	State 2	Zip Code 20002	244	FEC Identification Number C C00027466				
			O11 Category/ Type	Transaction ID: 15901569761 Amount of Each Disbursement this Period				
Candidate Name								
Candidate Name Office Sought: House Disbursen Senate President	ment For: Primary Other (specify	General y) ▼	Турс	15000.0 Memo Item				
Candidate Name Office Sought: House Disbursen Senate	Primary Other (specify	y) ▼						

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Detailed Summary Page Date of Disbursement Date of Disbursement Detailed Summary Page Date of Disbursement Detailed Summary Page Date of Disbursement Detailed Summary Page Date of Disbursement	SCHEDULE B (FEC Form 3X)	Lloo com	roto pobodiila/-\	FOR LINE		PAGE 11 OF 11
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Freedom Fund Full Name (Last, First, Middle Initial) A. Fresenius Medical Care North America PAC Mailing Address 920 Winter Street City State District: District: District: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State District: Category' Type Category' Type Category' Type Category' Type District: District: District: District: City State District: District: District: City State District: FEC Identification Number City Amount of Each Disbursement this Period District:	ITEMIZED DISBURSEMENTS	for each of	category of the	I ' — '		26 27
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Freedom Fund Full Name (Last, First, Middle Initial) A. Fressenius Medical Care North America PAC Mailing Address 920 Winter Street City Wathsom Purpose of Disbursement PAC unds forwarded to proper account Candidate Name City State Prinary General Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City State Prinary General Other (specify) Furpose of Disbursement Category/ Type City State Prinary General District Full Name (Last, First, Middle Initial) B. Mailing Address City State Prinary General District Full Name (Last, First, Middle Initial) Category/ Type City State Prinary General District Full Name (Last, First, Middle Initial) City State Prinary General District Full Name (Last, First, Middle Initial) City State Prinary General District Full Name (Last, First, Middle Initial) City State Prinary General District Full Name (Last, First, Middle Initial) City State Prinary General District Full Name (Last, First, Middle Initial) City State Prinary General District Full Name (Last, First, Middle Initial) City State City State District Full Name (Last, First, Middle Initial) City State District Full Name (Last, First, Middle Initial) City State District Full Name (Last, First, Middle Initial) City State District Full Name (Last, First, Middle Initial) District Full Name (Last, First, Middle Initial) City State District Full Name (Last, First, Middle Initial) District Full Name (Last, First		Detailed S	Summary Page			
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Freedom Fund A Fresenius Medical Care North America PAC Mailing Address 920 Winter Street City Wathsm Mailing Address 920 Winter Street City Wathsm Mailing Address 920 Winter Street City State Primary Office Sought House Primary Other (specify) Full Name (Last, First, Middle Initial) District Full Name (Last, First, Middle Initial) District Full Name (Last, First, Middle Initial) Date of Disbursement City State Primary General District Full Name (Last, First, Middle Initial) Date of Disbursement First Full Name (Last, First, Middle Initial) Date of Disbursement Tor. Click Amount of Each Disbursement this Period City Furpose of Disbursement Candidate Name Classpory/ Type Office Sought House Primary General District District Full Name (Last, First, Middle Initial) Date of Disbursement this Period Click Amount of Each Disbursement this Period FEC Identification Number Classpory/ Type FEC Identification Numbe					on for the purpose of	
Freedom Fund Full Name (Last, First, Middle Initial) A. Fresonius Medical Care North America PAC Mailing Address City State President Phose of Disbursement Por: Candidate Name Office Sought: House Prisadent Other (specify) Full Name (Last, First, Middle Initial) B. Mailing Address City State President Other (specify) Office Sought: House Disbursement For: Candidate Name City State Disbursement Candidate Name Colfice Sought: House Disbursement For: City State Disbursement Candidate Name City State Disbursement Candidate Name Colfice Sought: House Disbursement For: Candidate Name City State Disbursement Candidate Name Colfice Sought: House Disbursement For: Candidate Name City State Disbursement Candidate Name City State Disbursement Candidate Name Colfice Sought: House President Other (specify) Office Sought: House President Disbursement For: Candidate Name Category' Type Memo Item Category' Type Memo Item Category' Type Memo Item State: District: Full Name (Last, First, Middle Initial) Category' Type Memo Item State: District Disbursement For: Sonate President Other (specify) Memo Item State: District Mount of Each Disbursement this Period FEC Identification Number Category' Type Memo Item State: District Mount of Each Disbursement this Period Memo Item State: District Mount of Each Disbursement this Period Memo Item State: District Mount of Each Disbursement this Period Memo Item State: District Mount of Each Disbursement this Period Memo Item State: District Mount of Each Disbursement this Period Memo Item Mailing Address Mailing Address City State Disbursement For: Sonate President Disbursemen	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ne and addre	ess of any politic	al committee to	solicit contributions	from such committee.
Full Name (Last, First, Middle Initial) A. Fresenius Medical Care North America PAC Mailing Address 920 Winter Street City Weltham						
A Fresenius Medical Care North America PAC Mailing Address 920 Winter Street City Watham PAC funds forwarded to proper account Candidate Name City State Disbursement For: Senate President City State Disbursement For: Senate President Candidate Name Category/ Transaction ID : 15925951704: Amount of Each Disbursement to Proceed to proper account Candidate Name City State Disbursement For: Category/ Purpose of Disbursement Candidate Name City State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State: District: State: District: Candidate Name Category/ Office Sought: District: Candidate Name Category/ Office Sought: District: Candidate Name Category/ Office Sought: District: Senate President Disbursement For: Senate Primary General Other (specity) Memo Item FEC Identification Number Category/ Amount of Each Disbursement this Period Memo Item State: District: Senate President Disbursement For: Senate President Other (specity) We more Item Substate: District: Substate: District: Substate: Dist	/ Freedom Fund					
Mailing Address 920 Winter Street City Waltham State Disbursement Disburse						
Mailing Address 920 Winter Street City Watham President Disbursement Processor Disbursement Disbursement For: Senate President State: District Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Primary General Primary General Other (specify) Transaction ID : 15925951704: Amount of Each Disbursement this Period Conservative Growth; funds forwarded to proper account Date of Disbursement Cadidate Name Category/ Office Sought: House Disbursement For: Senate Primary General Other (specify) Transaction ID : 15925951704: Amount of Each Disbursement Category/ Amount of Each Disbursement this Period The Code Primary General Other (specify) Date of Disbursement Cadidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Amount of Each Disbursement City State Zip Code Amount of Each Disbursement Disbursement City State Zip Code Amount of Each Disbursement	A. Fresenius Medical Care North Ame	erica PA0	2			
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